

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/784,400

FILING DATE

APPLICANT(S)

CLAIMS						
2-17-04		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/					
2	/					
3	/					
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

2-17-04*					
IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/				
52	/				
53	/				
54	/				
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96					
97					
98					
99					
100					
TOTAL IND.	11				
TOTAL DEP.	42				
TOTAL CLAIMS	53				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS